

#### TOWN OF EAST FISHKILL BUILDING AND ZONING DEPARTMENT

330 Route 376, Hopewell Junction, NY 12533 (845) 221-2427 Fax (845) 227-4018 http://www.eastfishkillny.org

#### **OIL TANK APPLICATION REQUIREMENTS**

| Application completely filled out.  |  |  |  |  |
|---|--|--|--|--|
| Completed tank location survey (see sample attached).                               |  |  |  |  |
| Completed tank check list.  |  |  |  |  |
| Copy of liability insurance and worker's compensation for all companies doing work. |  |  |  |  |
| Fee: Cash/Check made out to: Town of East Fishkill                                  |  |  |  |  |
| Residential: PLEASE SEE FEE SHEET ATTACHED TO THE PERMIT APPLICATION                |  |  |  |  |
| Commercial: PLEASE SEE FEE SHEET ATTACHED TO THE PERMIT APPLICATION                 |  |  |  |  |

#### Upon completion of removal:

If tank has been removed/abandoned by a tank removal company: A certified letter stating that the work is complete and meets NYS code must be sent by the oil tank removal company to the East Fishkill Building Department in addition to the final inspection required by this office. WHEN SCHEDULING THE ABANDONMENT/REMOVAL FINAL INSPECTION YOU MUST BE READY FOR THAT INSPECTION BY 11:00 AM ON THE DATE IT IS SCHEDULED FOR. THE INSPECTOR WILL COME OUT TO INSPECT BETWEEN 11:00 AM & 12:30 PM.

If you, as homeowner, perform the removal/abandonment: You must schedule a final inspection with the East Fishkill Building Department. If you employ sub-contractors, you must ensure that all sub-contractors have valid workman's compensation insurance. Please call this office at least 48 hours to schedule required inspections by the Building Department. Please ensure that your site is ready when you schedule an inspection – an additional charge will apply if an inspector has to be rescheduled due to the site not being ready at the time of inspection.



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#### OIL INSTALL / REMOVE OR ABANDON PERMIT

### **Tank Location Survey**

| Existing Oil Tank (t | to be removed | ) Location: |
|----------------------|---------------|-------------|
|----------------------|---------------|-------------|

| _                 |                    |                   |          |                               |             |   |
|-------------------|--------------------|-------------------|----------|-------------------------------|-------------|---|
| Check all that ap | oply:              |                   |          |                               |             |   |
| Exterior:         | _ Interior:        | _ Rear: _         | Si       | de:                           | Front:      | Under Deck:                             |
| Driveway:         | Enclosed: _        | Gar               | age:     |                               |             |   |
| Other (explain):  |                    |                   |          |                               |             |   |
| Proposed New      | Oil Tank (to be in | nstalled) L       | ocation: |                               |             |   |
| Check all that ap | oply:              |                   |          |                               |             |   |
| Exterior:         | _ Interior:        | _ Rear: _         | Si       | de:                           | Front:      | Under Deck:                             |
| Driveway:         | Enclosed: _        | Gar               | age:     |                               |             |   |
| Other (explain):  |                    |                   |          |                               |             |   |
| Address:          |                    | (O) Ex<br>to be r | (sam     | 0 gal. tank  50" 48"  1s: (ex | (N) Propos  | sed new above ground nk to be installed |
|                   | Old Tank  New Tank |                   |          | Walkway                       | 45'         | N                                       |
|                   |                    | L                 |          |                               | Street Name |   |

## **Tank Check List**

| <u>INSTALL COMPANY INFORMATION</u> :   |
|--|
| NAME:  |
| ADDRESS:   |
| PHONE #:   |
| CONTACT PERSON:  |
| TANK INSTALL LOCATION:   |
| REMOVE/ABANDON COMPANY INFORMATION:  |
| NAME:  |
| ADDRESS:   |
| PHONE #:   |
| CONTACT PERSON:  |
| TANK ABANDON/REMOVE LOCATION:  |
| **SKETCH OF LOCATION AND TANK INFORMATION TO BE PROVIDED.  |
| Existing Tank Information: Number of tanks to abandon/remove:  Tank Contents: Heating Oil: Diesel Fuel: Kerosene: Other: |
| Tank Size(s): 275 gal 330 gal 550 gal 1,000 gal Other:   |
| Description of Tank Location:  |
| Description of Talik Location.   |
| (E.g. three feet from rear of home near left corner, five feet in from edge of driveway)                                 |
| Method of Abandonment: Foam: Sand: Slurry: Removal:  |
| New Tank Information: Number of tanks to install:  |
| Tank Contents: Heating Oil: Diesel Fuel: Kerosene: Other:  |
| Tank Size(s): 275 gal 330 gal 550 gal 1,000 gal Other:   |
| Description of Tank Location:  |
| Tank Material:   |
| Are collision poles (bollards) required?: (garage installation)  |



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#### **OIL TANK INSPECTION SCHEDULE**

You are required to schedule all inspections as indicated below with the Building Department during regular working hours and with a <u>minimum of 48 hours' notice</u>.

| Tank removed/cut opened and cleaned.   |
|--|
| Hole where buried tank was prior to being filled.  |
| Fill and vent for old tank removed or filled with concrete.                                |
| Tank abandoned in ground filled with inert solid material.                                 |
| New tank to have pressure test prior to hook up.   |
| New tank installed and hooked up with shutoff valves.                                      |
| New fill and vent piping installed as per NYS Code and minimum of 2 feet from any opening. |
| Soil report from lab for all tank abandonments. Tank removals <u>may</u> require report.   |
|  |

\*\*\*\* APPROVED COPY OF BUILDING PLANS MUST BE ON-SITE WHEN WE MAKE AN INSPECTION \*\*\*\*